

A short analysis of the symbols reflecting the relationship between adolescents and smoking behaviour

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Abstract

The symbol analysis provides an opportunity to collect data which can be incorporated into theories regarding drug use and prevention models. We believe that the situations which led to poor self-management can be most easily approached with projection methods.

In 2014, we applied a pre-measurement survey based on a self-reporting questionnaire, using a representative sample of pupils from Mureş, Harghita and Covasna counties (Romania). We selected 36 schools from 26 localities and data was collected from 72 classes of 7th and 8th graders. In addition to the questions, the survey contained a part referring to outlining a key symbol related to smoking. We used quantitative method to interpret the data. Our current presentation is based on qualitatively interpreted data. For this, we used the data of every fourth persons.

Our analysis reveals those affective and motivational elements that we have discovered while getting deeper into the relationship between symbols and tobacco-related attitudes, as well as the internal needs which determine the attitudes and behaviour of adolescent smokers.

We found that the symbols used to represent tobacco are 80% negative. We consider that adolescent smoking is associated with freedom, independence, self-reliance and the need to gain experience. Paradoxically, whereas adolescents enjoy smoking or they see it as a pass to join a peer group, at the same time, smoking attitudes are accompanied by anxiety and fear and are determined by feelings of curiosity, loneliness and inferiority.

Keywords: tobacco use, youth, community, qualitative method, symbol analysis.

Theoretical background Interpreting teenage smoking

We understand smoking to be an element of teenage problem-behaviour, keeping in mind its higher significance in the life of adolescents. It is present in their social environment, it is part of social events and it can be a means to their search for

identity. Smoking associates to the illusion that it helps in maturation and in solving problem-situations. Gaining social significance and determining ego- and social situations smoking becomes a lifestyle. It can integrate the general behaviour and become a habit that leads to addiction.

The danger of regular smoking increases with a difficult family life and social status. According to Poland, B., Frohlich, K., Haines, R.J., Mykhalovskiy, E., Rock, M., Sparks, R., „*social context is a factor in the growing concentration of smoking among socially and economically marginalised groups, social context may be key to understanding (and, ultimately, addressing) diverse sources of resistance to tobacco control*” (2006:59).

Barbeau E.M., Wolin K.Y., Naumova E.N., 2005 demonstrated association with race and class, affirming that smoking is a coping mechanism in dealing with the psychosocial sequelae of social disadvantage.

Glanz and Rimer (2005) also showed that tobacco use is associated with the effects of marginalization and disadvantage. Adolescent smoking is considered to be a mark of failed attempts to integrate.

Smoking is closely related to one's desire to their own body, according to Poland et al. (2006). It is important for adolescents to exercise control in as many ways as possible. It goes for the body as well: it must be controlled. The cigarette held and smoked can demonstrate bodily competence (being “cool”) that must be acquired through practice (Danesi, 1994). Pleasure and joy of playing with fire come on top of all the above (Poland et al., 2006). They also grant significance to smoking, seeing the primordial force of fire in it. The mentioned authors indicate that the place where it happens can be an element leading to regular smoking, as well. Through conditioning, the place and the habit become part of social interaction. Smoking should be viewed as a practice that is very much linked to where, when, and with whom they smoke (Poland et al., 2006).

The motivation of our research was that, beside the fact that smoking builds into individual and social behaviour, teenage smoking is very widespread in Romania. A poll made by Abraham, A., Dalu, A.M., Fierbinteanu, C., Marcovici, O., Mitulescu, S., Plaesu, A., Sufaru, I., 2013 on a nationally representative sample of 607 adolescents, aged 10–18 shows that one quarter of them (23%) tried smoking at least once; smoking rates are higher over age 14 (33% vs. 6% under 14), in boys (32% compared to 16% girls) and in urban areas (28% vs. 19% in rural). Data from WHO's „Report of the Global Tobacco Epidemic” (2013) show that 20.3% of the age group under 15 are regular smokers (14% smoke on a daily basis). According to a GYTS survey, the proportion of adolescent smokers was 15.7% in Romania (GYTS Romania 2013).

A qualitative study of smoking-related behaviours: adequate method – certified results

Understanding drug issues also requires qualitative analysis that, besides the cognitive approach, acknowledge latent meaning, the emotional-motivational foundation of behaviour, as well. More and more qualitative researches have been done on smoking. Researchers attempted to get a more profound picture of the role that smoking plays in an individual's life. Lloyd B, Lucas K, Fernbach M., 1997, used a new line of mixed method in studying young women's smoking uptake. The data suggests that there is much to be found out by looking at young people's social representations („images and identities” of smoking), mediated by group allegiance based on age and sex. The findings suggest that smoking could mean much more than teenage experimentation or “risk behaviour”, and that we should view smoking as a habit very much linked to where, when, and with whom they do it (McCracken, 1992).

Our behaviour is governed by inner images, being not only the result of external stimuli, but their representation, as well. The background of these images contains elements of conviction that define adolescents' attitude towards smoking. Knowing these might give us a wider perspective on the internal drives that explain attachment to smoking. We need this, mainly because prevention cannot be reduced to informing, neither can the acquiring of skills lead to an adequate attitude towards drugs. Prevention must, first and foremost target the driving-valuing-emotional-motivational structure (needs, desires, fears, complexes etc.) and the area of the orienting-directing personality. We believe that prevention must fulfil the following conditions (Albert-Lőrincz, 2013):

- customized to the individual and its community;
- the unfolding of the personality (to facilitate the individualization process and the socialization);
- the basic needs of the development, the overcoming of obstacles, as well as establishing internal and external opportunities;
- finding the self-promotion: activation of self-development, self-determination skills;
- reception capacity for change, promoting the development experiences;
- empowerment (power of endowment);
- engage to positive values and to health promotion.

In order to achieve these and to understand the psychological background of adolescents' drug related behaviour, besides questionnaires we used projective methods, as well. These are able to shed light on the emotional-motivational factors standing behind attitudes and behaviour. Only knowing these we can connect personality development with prevention.

In the research on which this study is based, we used symbol analysis as the method to find out the latent motives of our teenaged subjects' attitude towards smoking.

We have chosen this method for two reasons. On the one hand, „the symbol is a kind of mediator between the conscious and unconscious incompatibilities, the hidden and the manifest, it is never unilaterally abstract or concrete, real or not real, rational or irrational. On the other hand, the subtle reality includes temporary literatures, which has its own expressive power” (Jacobi, 1999). It is a representation which is condensed in images and adventure experiences units. The symbol reflects the way in which people relate to the particular social and cultural requirements. In this case, tobacco-related feelings and thoughts compress an image.

Symbols are important tools in structuring the human ego, building relationships, in the system of goals and rules. The internal images accessible through symbols are organising principles of our inner life, psychological processes that drive behaviour to its goal („*what should and what should not be done*”) and signal the success of integration. They are internal construction tools with dynamic formations, “*all in one: a prerequisite and product*”.

Symbols are the expression of what moves humans from the depths of the psyche, all the way between conscious and unconscious. Knowing this is the key to knowing humans. Regarding their latent content, symbols are a particular form of communication through which people „tell” each other about the things that affect them unconditionally (Baumgartner, 2006).

The aim of our study was to study the smoking related internal images; the psychological interpretation of justifications and emphasising the underlying psychological contents. Our hypothesis was that the meta-content (latent meaning) of symbols shows us the emotional-motivational factors explaining adolescents' attitude towards smoking. Information about the attitude towards smoking and the motivational background of the behaviour will help researchers to better organise prevention.

Methodology

We carried out our epidemiological research on teenage smoking in 2014. We used random, stratified sampling; strata were county, settlement size, language of instruction. 1313 pupils filled in the questionnaires in 26 settlements, 36 schools, and 72 classes (7th grade and 8th grade classes, equally). Database was weighted according to data on school-aged population in strata used in our sample. Sample size: 1200 persons. Sampling error $\pm 2,9\%$, confidence interval 95%.

By asking what smoking symbolizes, the questionnaire integrated projective aspects, as well. We asked the surveyed adolescents, based on the way they relate

to smoking (what they had known about and experimented with smoking), to find a symbol that condensed all that smoking means to them. We have also asked them to draw the symbol if they can and justify their choice. We have worked with every fourth questionnaires from our sample.

Symbol analysis: the process

The symbols are interpreted with Royer (1961) and Laszlo and Ehmann's (2002) method of content analysis. The categories defined according to Royer make the opening, valuing and interpreting the depths of the psychological dimension possible.

The classification in categories and the encoding are performed by two independent persons. When analysing the symbols, we have always considered justifications, as well. The analysis was based on the following criteria:

1. symbols at the everyday report – denotation,
2. positive and negative content,
3. the interpretation by connotations – latent content,
4. formal-structural analysis:
 - the dynamism of the picture
 - emotional content, degree of
 - involvement values, norms
 - orientation
 - abstractness

In the process we have first gathered the justification texts in order to create units and categories used in the structural analysis. The next step was to identify the categories (based on Royer, 1961) referring to concrete psychological units. We examined both the frequency of occurrence and semantical content of the concepts. We looked for psychological constructs (needs, desires, fears, complexes, values) behind the symbols and their respective justifications.

Results

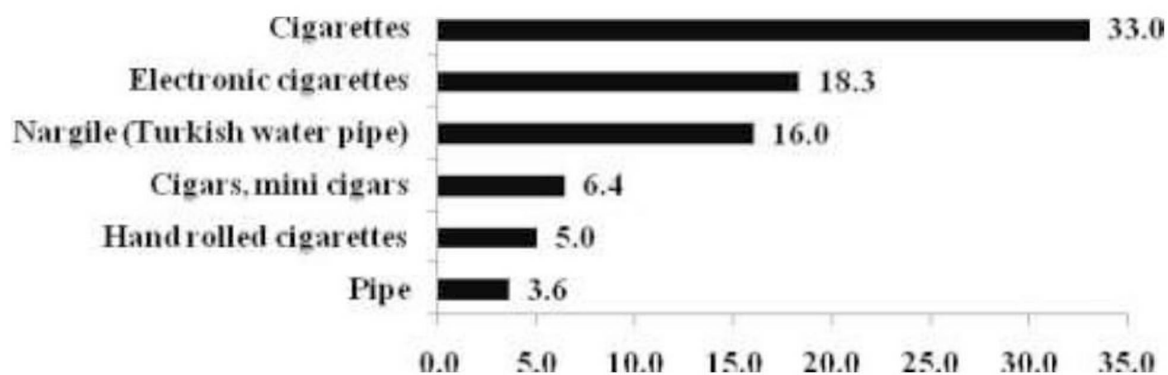
Characteristics of the smoking habits

Regarding active smoking we found that 48% of respondents have tried smoking at least once. We observed a higher rate of smokers in Harghita County, large cities, among higher grade pupils, and pupils belonging to the Hungarian ethnic group. There was no significant difference between boys and girls. In the selected three counties, 11.7 years represents the average age for trying and experimenting smoking. 13% of respondents reported smoking at least once in the last 30 days, so we may say that the prevalence of smoking is 13%.

Table 1. The characteristics of the sample according to the smoking behaviour

Characteristics		N	Smoking (actually and/or previously) (%)	Never smoking (%)
County	Mureş	600	46.4	53.6
	Harghita	367	54.4	45.6
	Covasna	233	41.6	58.4
Settlement size	Under 5 thousand inhabitants	439	48.4	51.6
	From 5 to 30 thousand inhabitants	408	42.6	57.4
	Above 30 thousand inhabitants	353	53.6	46.4
Grade	7 th grade	618	45.4	54.6
	8 th grade	582	50.7	49.3
Language of instruction	Romanian	519	39.4	60.6
	Hungarian	681	54.5	45.5
Sex	Boy	594	49.0	51.0
	Girl	606	46.9	53.1
Total		1200	47.9	52.1

Counting for the whole life of the respondents we observed that 52% have never smoked, 31% smoked only once, 11% smoked or continues to smoke on occasions, and 6% smoked or smokes regularly. The most frequently used tobacco products is shown by Fig. 1.

**Fig. 1. Type of tobacco products smoked (%)**

Regarding environmental tobacco smoke exposure (passive smoking), we found that 46% of pupils reported that others smoked in their presence at home, in the dwelling. The situation was more prevalent in small settlements. Being exposed to cigarette smoke was more intense outside the home. 63% of respondents reported that it happened that someone smoked in their presence in public places in the week prior to the research.

These data shows that teenage smoking is a real danger in the targeted geographic area and the necessity to organise a more efficient prevention.

The emotional-motivational background of smoking habits

Since symbol analysis is time consuming, we only analysed one in four questionnaires from the original sample, that is 439. Regarding the symbols, 5 questionnaires (1.13%) were not fit for analysis. So we had 434 valid ones that we considered 100% in our further calculations. 44 adolescents (10.13%) did not draw the symbols but they described them and gave justifications as well.

As a starting point, we looked at the everyday report of symbols. We found that, most frequently they expressed the meaning of smoking for them with symbols and justifications concretely picturing cigarettes, like: a crossed out cigarette on an ashtray; a cigarette held by a crayfish or a spider between its legs; a broken cigarette; a cigarette between painted lips; a nervous, tense guy lighting five cigarettes at once etc. (45.38%). The next most frequent image was the representation of smoking through a human face/body part, like a girl suffocating in cigarette smoke; a smoking child; a boy giving a light to a girl with a lighter; the head of a smoking child and a coffin; black, smoky lungs in a row; a smiling face over a cloud; a skull and crossbones; a smoking lung etc. (15.89%). 12.05% symbolised cigarettes with an object. The most frequent symbols in this category: a polluted globe; an empty house; a black hole; ashes; sandglass; coffin; cross; hospital; scorching flames; fire etc. 11.54% used emblematic symbols projecting the consequences, like: the angel of death; skull; skeleton; little girl in black; crying woman; impacting lightning etc. 15.12% chose to symbolise with stickers: stop sign; a skull signalling danger; devil with a pitchfork; the danger warning inscription on the cigarette box; red sticker warning of radiation; lung with a banning sign, etc.

Comparing the symbols and justifications shows that 80% of the subjects carry negative communication concerning smoking. Despite this fact, almost half of them had tried smoking sometime during their life. It means that adolescents relate to socially expected value judgements only as opinions, they do not internalize them (as being their own), nor do they correlate them with their behaviour. Further analysis will try to explain this contradiction.

We continued with a formal-structural analysis based on connotation of symbols and discussion of motivation. First, we looked at the directionality of the communication regarding smoking that stand behind the symbols and justifications.

We found that 32.30% of them were a front for social attitude, i.e. they judged smoking from the community point of view, considering the effects of smoking on society. Concern to will and self-power was 11.53%. In this category, smoking has a positive role assigned to it, like making you cool, liberating, an accessory to socialising. The justifications for negative judgements are that, for instance, people with no will power can die from smoking or that it accompanies depravity etc. Almost half of our subjects represent smoking by referring to its consequences, like conventional signs projecting the consequences or drawing and describing sequences resulting in destruction, death or illness. There is a category for whom the key-word smoking calls for moral judgement (9.74%). They judge smoking as illicit, reprehensible or the opposite, as an embodiment of freedom and pleasure.

We can state that, based on teenagers' representations smoking is a social integration tool, provides and gives a sentiment of power, despite its negative consequences.

Studying the characteristics of the symbols used by our subjects turned out that they used mainly static images (75.12%), with low emotional saturation, (distancing observed), most of them being linked to concrete, objective reality (like representing smoking through a broken cigarette or a discarded packaging). Personal assessment and conviction are missing; it could be one explanation of the fact that they attribute a negative content to the images, but they do not internalize them (make them their own). Negative communication is only a slogan, unsupported by conviction. It makes possible for them to be judgmental in speech and not applying this judgement in their behaviour; there is contradiction between opinion and behaviour. Prevention must emphasise on this contradiction and the transfer of values in order to realise the unity of attitude and behaviour.

We wanted to find out how did the symbols used related to the person, their convictions and values. Representations were mainly cognitive category, lacking involvement, emotional standing. They mostly labelled smoking, stating that it is bad, but the representations were shallow and stereotyped (53.71%). They said what they thought we wanted to hear. Another part of the subjects (31.13%) blamed circumstances, experiencing smoking as a means to achieve group acceptance, of amusement or experimenting. 15.12% showed indifference towards smoking, it was impossible to tell if they consider it good or bad.

In our analysis we also wanted to answer the question: what do symbols tell us about the role assigned to smoking by adolescents. It became clear that they consider it to be empowering, to have a social function. Grandiose images were attached to

most symbols, carriers of life and death. They uncovered the angst and loneliness of the subjects, their demand for support, but also their desire for adventure and curiosity. They put smoking above themselves as something that helps and offers experience and meaning. On the level of desires, the need for development (maturing) comes up; they wanted acceptance, status and to be positively judged as competent and accepted. Symbols play a role in adaptation: they cover for wants and satisfy a desire.

Finally, we examined the adaptation-goal of the representations linked to smoking and which necessities do they cover for (Table 2).

Table 2. *The target-needs analysis of smoking motives*

GOAL	NEED
Position-taking: decision, choice – self-determination, self-empowerment (self-efficacy)	inner stability, resistance to influence, metaphysical needs: experiencing the meaning of life, perception of their place and role – SAFETY
Social and situational incentives	social needs: establishing and maintaining contacts – STATUS
Self-regulation: eliminate the negative internal condition, and set up a positive one	lifestyle needs: defence of aesthetics, harmony, beauty – SELF-FULFILLMENT
Experiencing controls (the illusion of managing the created state)	self-expression and self-assertion – SELF-FULFILLMENT
The improvement of the cognitive function (or its illusion)	creation, fulfillment, need for values: intellectual, mental construction – SELF-FULFILLMENT
Self-determination: self-confidence, self-reliance	freedom, independence, self-reliance – SELF-FULFILLMENT AND ACCEPTANCE
Craving (intense inner urge)	experiencing – PHYSIOLOGY

Table 2 shows that smoking is attached to the demand for security, status and self-realisation. This is how tobacco gains social function which adds a plus of meaning to viewing it as problem-behaviour or a gateway drug.

Discussion and conclusion

The qualitative analysis of smoking, the projective approach through symbols, as well as content analysis, made the examination of smoking-related constructs possible. According to Willig (2000) the symbols of humans represent their relational experiences, the results of their communication with fellow humans and have

particular meaning to every personality. The symbols hidden in mental images could be the key in identifying the beliefs behind attitudes towards health. According to researchers, the images filled with enough positive expectancy are the most usable in treatment. In patients, a well-developed ability to symbolise could ensure the identification of those mental images that he tries to change or reinforce during his fight with his affection (Simonton, O.C., Matthews-Simonton, S., Creighton, J.L, 1991).

Regarding smoking, the internal images suggested that attitudes and behaviours of the adolescents in our study are not based on conviction. Prevention should focus on offering them adequate problem-solving tools, so that they do not assign socialising function to psychoactive substances. At the same time, they should have an adequate health culture that gives them a negative stance on smoking. This is why, in our opinion prevention is closely linked to aiding personality development and psycho-logical maturation. This conclusion is validated by Petrie and Weinman (1997), saying that personality development is important in maintaining a healthy psyche (and preventing drug use) and that prevention cannot be reduced to banning psycho-active substances. Consumers' conscience and behaviour must be wilfully formed. The foundation for this is scale of values that promotes positive health-behaviour.

If we see things through Jung's (1964) perspective on the process of individualisation, it becomes clear that the development of the studied teenagers is blocked because:

- the fight against reality is defective (idealising curiosity);
- lack of differentiation, labelling without conviction;
- contradictions in self-knowledge caused by the lack of attention to inner experiences;
- failing to integrate values, responsibility, allegiance;
- the lack of synthesis on the personality level, the lack of harmony between self-image and social image;
- all that is left is vulnerability caused by longing for numinous experience.

We are convinced that the aiding factors of psychological maturation should not only be offered to adolescents in an artificial form (like group training) but as a natural lifestyle (an element of 21st century lifestyle) in the form of community actions. We are aware that this is not a change in lifestyle that can be realised overnight but a process that should be initiated immediately on the grounds of community traditions. Prevention should mobilise the internal resources characteristic to a given community, rooted in shared desires, fears and daily practices (customs, values). This is the only way to the possibility of an opinion to become the foundation for behaviour.

As a conclusion, we can say that there is discrepancy between interpretation and behaviour, based on the background of smoking:

smoking is linked to identity strengthening, empowerment, the quest for new experiences;

adolescents' smoking attitudes are accompanied by anxiety and fear (negative representations) which, in absence of conviction does keep them from smoking.

So we can conclude that the major task of prevention is shaping problem solving management tools and values, norms – conviction –, in order to enable them to avoid negative things.

Due to the under-development of the valuing-directing function of personality we can observe an operational undifferentiation and low efficiency of behaviour which can lead to aggressive or self-destructing manifestations. The restoration of a proper self-developing and self-regulating function is necessary. This requires the changes in approach sketched in our theoretical foundation. Considering the emotional-motivational forces that define adolescents' attitude towards smoking make the optimisation of prevention possible.

In continuation of the research: we'll carry out quantitative analyses of the indicators of adolescent smoking and the connections between the underlying motivational factors of smoking.

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